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## ORIGINAL ARTICLES.

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### A CATECHISM ON SAMUEL HAHNEMANN'S ORGANON.

By PROFESSOR SAMUEL LILIENTHAL, M. D.

[*Concluded from last number.*]

44. A well-selected homœopathic drug will remove a natural acute disease of recent origin, even if severe and painful; an older affection will disappear in a few days, and recovery progresses to full restoration of health. Old, complicated diseases demand longer time for their removal. Chronic drug diseases, complicating an uncured natural disease, yield only after great length of time, if they have not become quite incurable.

45. For a few insignificant symptoms of recent origin, no medicinal treatment is needed; a slight change of diet and habits of living suffices for their removal.

46. In searching for the homœopathic specific remedy, the *more prominent, uncommon and peculiar* (characteristic) symptoms of the case should bear the closest similitude to the symptoms of the drug. The more general symptoms deserve less notice, as generalities are common to every disease and almost to every drug.

47. Although a well-selected remedy quietly extinguishes

an analogous disease without exciting additional sensations, it may produce a slight aggravation resembling the original disease so closely that the patient considers it as such. Aggravations caused by larger doses may last for several hours, but in reality these are only drug-effects somewhat superior in intensity and very similar to the original disease. The smaller the dose of the drug, so much smaller and shorter is the apparent aggravation of the disease during the first hours. Even in chronic cases, after the days of aggravation have passed, the convalescence will progress almost uninterruptedly for days.

48. If in acute cases the remedy was poorly selected, we must examine the case more thoroughly for the purpose of construing a new picture of the disease. Cases may occur where the first examination of the disease and the first selection of a remedy prove that the totality of symptoms of the disease is not sufficiently covered by the morbid elements (symptoms) of a single remedy; and where we are obliged to choose between two medicines which seem to be equally well suited to the case, we must prescribe one of these medicines, and it is not advisable to administer the remedy of our second choice without a renewed examination of the patient, because it may no longer correspond to the symptoms which remain after the case has undergone a change, and often a different remedy will be indicated. If the medicine of our second choice is still suited to the remnant of the morbid condition, it would now deserve much more confidence and should be employed in preference to others.

49. Diseases presenting only a few symptoms may be called partial (one-sided) diseases; their chief symptoms indicating either an internal affection, or headache, or diarrhoea, or only a local one. A more careful examination often reveals more occult symptoms, and if this fails, we must make the best use of these few prominent symptoms as guides in the selection of the medicine. As for such a partial disease, the selected remedy may also be only partially adapted, it may excite accessory symptoms and symptoms of the disease will be developed which the patient had not previously perceived at all or only imperfectly, thus facilitating the task of selecting a more accurate homœopathic remedy.

50. After the completion of the effect of each dose of medicine, the case should be re-examined, in order to ascertain what symptoms remain and the corresponding remedy selected, and so on till health is restored.

51. Local diseases are those affections which are of recent origin and caused by external injury. *Affections of external parts, requiring mechanical skill, belong to surgery alone*, but often the entire organism is affected to such an extent by injuries, as to require dynamic treatment in order that it may be placed in the proper condition for the performance of the curative operation.

52. Affections of external parts, not caused by external injuries, proceed from an internal morbid state and all curative measures must be taken with reference to the state of the whole system, in order to effect the obliteration and cure of the general disease by internal remedies.

53. In examining such a case, the record of the exact state of the local disease is added to the summary of all symptoms, and other peculiarities to be observed in the general condition of the patient, in order to get at the totality of symptoms and to select the corresponding remedy which removes the local as well as the general symptoms. Notwithstanding the well-regulated habits of the patient a remnant of the disease may still be left in the affected part, or in the system at large, which the vital force is unable to restore to its normal state; in that case the acute local disease frequently proves to be the product of psora, which has lain dormant in the system, where it is now about to become developed into an actual chronic disease. Antipsoric treatment will be necessary to remove this remainder and to relieve the habitual symptoms peculiar to the patient previous to the acute attack. (See Chronic Diseases.)

54. It is not advisable to combine the local application of a medicine simultaneously with its internal use, for the disappearance of the local symptom renders it nearly impossible to determine whether the total disease has also been exterminated by the internal remedy. Relying on the internal remedy alone, the removal of the local disease proves the achievement of a radical cure, and of complete recovery from the general disease.

55. When the system is affected with some chronic disease which threatens to destroy vital organs or life itself and which does not yield to the spontaneous efforts of the vital force, the latter endeavors to substitute a local disease on some external part of the body, whither the internal disease is transferred by derivation, in order to lessen the internal morbid process. But still the internal disease may increase constantly and their nature will be compelled to enlarge and aggravate the local symptoms in order to make it a sufficient substitute for, and to subdue the internal disease.

56. Most chronic diseases originate from three chronic miasms; internal syphilis, internal sycosis, and particularly from internal psora. Each of these must have pervaded the whole organism and penetrated all its parts before the primary representative local symptom makes its appearance for the prevention of the internal disease. The suppression of the local symptom may be followed by innumerable chronic diseases; the true physician cures the great fundamental miasm together with which its primary as well as its secondary symptoms disappear together.

57. Before beginning the treatment of a chronic disease we must find out whether the patient ever had been inflicted by syphilis or by sycotic gonorrhœa, although it is rare to meet with uncomplicated cases of these affections, as we usually find them often complicated with *psora*, the most frequent and fundamental cause of chronic diseases. It will be necessary to inquire into all former treatment and what mineral waters have been employed and with what result, in order to understand the deviations which the treatment had produced in the original disease, to correct this artificial deterioration and to determine the course now to be pursued.

58. A full anamnesis of the case ought now to be recorded also the state of mind and temperament of the patient, as it may be useful to direct or modify this mental condition by psychical means. Guided by the most conspicuous and characteristic symptoms the physician will be enabled to select the first anti-psoric, anti-syphilitic or anti-sycotic remedy for the beginning of the cure.

59. The state of the patient's mind and temperament is often of most decisive importance in the selection of the rem-

edy, as each medicinal substance affects also the mind in a different manner. Mental diseases must only be treated like all other affections and they are curable only by remedies similar to the disease.

60. Most mental alienations are in reality bodily diseases, only these mental and emotional symptoms develop in some cases more or less rapidly, assume a state of most conspicuous onesidedness, and are finally transferred like a local disease, into the invisibly fine organs of the mind, where they seem to obscure the bodily symptoms; in short, the disorder of the coarser bodily organs are transferred, as it were, to the almost spiritual organs of the mind, where the dissecting knife will search in vain for their cause.

61. In recording the totality of symptoms of such a case, we must obtain an accurate description of all physical symptoms which prevailed before the disease degenerated into a one-sided mental disorder. We compare then these early symptoms with their present indistinct remnants, which occasionally appear during lucid intervals, and add the symptoms of the mental state as observed by the physician and attendants of the patient.

62. Though a patient may be relieved of an acute mental disorder by non-antipsoric medicine, no time must be lost in perfecting the cure by continued antipsoric treatment, so that the disease may not break out anew, which will be prevented by strict adherence to well regulated diet and habits. If neglected, psora will be usually developed during the second attack, and may assume a form, periodical or continuous, and much more difficult to cure.

63. Mental diseases, not the result of physical or bodily affections, of recent date, and which have not yet undermined the physical health too seriously, admit of speedy cure by psychical treatment, while careful regulation of habits will re-establish the health of the body, but as a measure of precaution a course of antipsoric treatment is advisable, in order to prevent a recurrence of the attack of mental aberration. Proper hygiene and psychical regimen of the mind must be strictly enforced by the physician and attendants. *The treatment of insane persons should be conducted with a view of the absolute avoidance of corporeal punishment or torture.*

*Physician and attendants should always treat such patients as if they regarded them as rational beings.*

64. Intermittent diseases also claim our attention. Some return at certain periods, and there are others, apparently non-febrile affections, resembling intermittents by their peculiar recurrences. There are also affections characterized by the appearance of certain morbid conditions, alternating at uncertain periods with morbid conditions of a different kind. Such alternating diseases are mostly chronic and a product of developed psora, in rare instances they are complicated with syphilitic miasma. The first needs purely antipsoric treatment, the latter an alternation of antipsoric with antisiphilitics.

65. Typical intermittents recur after a certain period of apparent health, and vanish after an equally definite period. Apparently non-febrile morbid conditions, recurring at certain periods, are not of sporadic or epidemic nature, they belong to a class of chronic, mostly genuine psoric diseases. Sometimes an intercurrent dose of highly potentized Peruvian bark extinguishes the intermittent type of the disease.

66. In sporadic or epidemic intermittents, not prevalent endemically in marshy districts, each attack is mostly composed of two distinct stages, chill and heat, or heat and then chill; still more frequently they consist of three stages, chill, heat, and finally sweat. The remedy, usually a non-anti-psoric, must have the power to produce in healthy persons the several successive stages similar to the natural disease, and should correspond, as closely as possible, with the most prominent and peculiar stage of the disease; but the symptoms which mark the condition of the patient during the apyrexia, should chiefly be taken for guides in selecting the most striking homœopathic remedy: The best time to administer the medicine is a short time after the termination of the paroxysm, then the medicine has time to develop its curative effect without violent action or disturbance, and the vital force is then in the most favorable condition to be gently modified by the medicine and restored to healthy action. If the apyrexia is very brief, or if it is disturbed by the after effects of the preceding paroxysm, the dose of the

medicine should be administered when the sweating stage diminishes or when the subsequent stages of the paroxysm decline.

67. One dose may suffice to restore health, but when a new attack threatens, the same remedy should be repeated, provided the complex of symptoms remains the same; but the intermittent is apt to recur, when the noxious influences, which first originated the disease, continue to act upon the convalescent patient, as would be the case in marshy localities, and to eradicate the tendency of relapses, the patient ought to be removed to a mountainous region. When this suitable remedy fails to break up the paroxysms, unless continued exposure to marsh miasma is at fault, we may blame the latent psora for it, and antipsoric remedies are needed for a cure.

68. Epidemics of intermittents in non-malarial districts partake of the nature of chronic diseases; each epidemic possesses a peculiar uniform character, common to all individuals attacked by the epidemic, and this uniform character points out the homœopathic remedy for all cases in general. This remedy usually also relieves patients, who, previous to this epidemic, had enjoyed good health, and who were free from developed psora.

69. In such epidemic intermittents our antipsorics fail, but a few doses of sulphur or hepar sulphur, repeated at long intervals, will aid us in their cure. Malignant intermittents, attacking single persons not residing in marshy districts, need in the beginning a non-antipsoric remedy, which should be continued for several days, for the purpose of reducing the disease as far as possible. Where this fails, psora is sure in the act of development, and antipsorics alone will give relief.

70. Intermittent fevers, indigenous to marshy countries, or places subject to inundations, will hardly ever affect young and healthy people, *if their habits are temperate*, and if they are not weakened by want, fatigue or excesses. Endemics are apt to attack new comers, but a few doses of high potencies of China will easily rid them of the fever, provided their mode of life is very simple, and if there is no latent psora in them, which, where such is the case, necessitates antipsoric treatment.

71. *Mode of Application of Curative Remedies.*—Perceptible or continued improvement in acute or chronic diseases invariably counter-indicates the repetition of any medicine whatever, for every new dose would disturb the process of recovery. A very minute dose of the similinum, if uninterrupted in its action, will gradually accomplish all the curative effects it is able of producing, in a period varying from forty to one hundred days. Yet physician and patient desire to reduce this period. We must be careful to select the most appropriate remedy, and then only we might repeat this potency in fourteen, twelve, ten, eight or seven days. In chronic diseases assuming an acute form, and demanding greater haste, these spaces of time may be abbreviated still more, but in acute diseases the remedies may be repeated at much shorter intervals, for instance, twenty-four, twelve, eight or four hours; and in the most acute cases at intervals varying from one hour to five minutes.

72. The dose of the same remedy is to be repeated, until recovery ensues or until the remedy ceases to produce improvement, and with the change of symptoms, a fresh examination may indicate another remedy.

73. Every medicine which produces new and troublesome symptoms not peculiar to the disease to be cured, is not homœopathic to the case. An antidote must be given, selected with great care in regard to the similitude of the case, or if the accessory symptoms are not too violent, the next remedy should be given at once, in order to replace the inappropriate one. If in urgent cases we see after a few hours that the selection of the remedy was faulty and the patient fails to improve or new symptoms are discovered, we must select with greater care another remedy which is more accurately adapted to the new state of the case.

74. There are some remedies, as Ignatia, Bryonia, Rhus. rad., in some respects Belladonna, which show alternating effects on the state of the health, composed of partly opposite primary effects. If, after the exhibition of one of these remedies, no improvement follows, we must in a few hours, in acute cases, give a new potency of the same remedy.

If in a chronic psoric case the antipsoric fails to relieve, there must be some irregularity of regimen or some other

vigorous influence acting upon the patient, which must be removed before a permanent cure can be accomplished.

Incipient improvement, however slight, is indicated by increased sensation of comfort, greater tranquility and ease of the mind and return of naturalness in the feelings of the patient. To find out improvement or aggravation the physician must examine the patient closely upon every symptom contained in the record of the case. If these show that neither new nor unusual symptoms have appeared, and that none of the old ones have increased, and especially if the state of mind and disposition is found to be improved, the medicine must also have produced an essential and general improvement in the disease, or at all events, it may soon be expected. Where delay occurs beyond expectation, there must be some fault in the regimen of the patient or the protracted homœopathic aggravation produced by the medicine must be attributed to the insufficient reduction of the dose.

75. New and important symptoms, mentioned by the patient, indicate that the medicine was not well selected; though the patient may think he is improving, his condition may even be worse, which will soon make itself apparent.

76. No physician should have favorites among drugs, nor should he disregard medicines on account of their failure. Too often the fault is the physician's or the supposition a wrong one; his only duty is to select the similimum to every case.

77. On account of the minuteness of the homœopathic dose great care must be taken in the diet and regimen of the patient, and especially in chronic cases we have to search carefully for such impediments to a cure, because these diseases are often aggravated by obscure, noxious influences of that kind as well as by errors in regimen, which, being frequently overlooked, exercise a noxious influence. Daily walks, light manual labor, proper nutritious food and drink unadulterated with medicinal substances are to be recommended. In acute cases we have only to advise the family to obey the voice of nature by gratifying the patient's ardent desires, without offering or urging him to accept hurtful things. In acute cases the temperature of the bedroom and the quantity of the covering should be regulated entirely according to the

wishes of the patient, while every kind of mental exertion and emotional disturbance is to be avoided.

78. *Genuine and unadulterated medicines, retaining their full virtues* are the first requisites of a physician, and in the treatment of disease only *one simple* medicinal substance should be used at one time, which will give relief in diseases whereof the totality of symptoms is accurately known. Too strong a dose of even a well selected drug, will produce an unnecessary surplus of affect upon the over excited vital force, and will be injurious, while the same similar drug-disease, if exerted within proper limits, would have gently effected a cure.

79. Experience proves that the dose of a homœopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease, though this homœopathic aggravation is very often almost imperceptible.

80. The homœopathic similimum will operate chiefly upon the diseased parts of the body, which have become extremely susceptible of a stimulus so similar to their own disease. The small dose will change the vital action of these parts into an artificial drug disease, and the organism be freed from the morbid process.

81. In homœopathic practice the diminution of the dose, and its effect is conveniently accomplished by lessening the volume of the dose. In using a solution of this kind a much greater surface supplied with sensitive nerves, susceptible of medicinal influence, is brought in contact with the medicine, and we must take care that the medicine is equally and intimately imparted to every particle of solvent fluid. The effect of medicines in liquid forms penetrates and spreads through all parts of the organism, with such inconceivable rapidity, from the point of contact with the sensitive nerves supplying the tissues, that this effect may, with propriety, be defined spirit-like or dynamic.

82. Remedies in their dynamic dose, may be given by the mouth and tongue, by olfaction, hypodermically. The most sensitive parts of the surface are, at the same time, the most susceptible.

## COCCULUS INDICUS.

By W. E. LEONARD, M. D., PROF. MATERIA MEDICA, UNIV. OF MINNESOTA.

This drug, the Indian Coccle, is the only representative of its family (Menispermaceæ, Moon-seed F.) of any medicinal consequence. *Menispermum Canadense* (Canadian Moon Seed) a plant of Minnesota's flora, the only American relation of Cocculus, is but imperfectly proven, having caused merely an intense bursting headache with yawning and stretching, also restlessness and confused dreams.

*Picrotoxin*, an alkaloid obtained from the kernel of the Cocculus berries, is also imperfectly proven alone, but seems to be the acting poisonous principle of C.

We use a tincture of brownish straw-color, made from the pulverized berries of the fruit of the East Indian shrub. C. is an ancient Arabian medicine, is used commonly by mixing the bruised fruit with dough to stupefy fish, and as an adulteration in malt liquors because of its supposed properties of preventing secondary fermentation.

The U. S. Dispensary (1880) states in detail "the only" case of poisoning upon record, but Hahnemann, in his lesser writings, details one far more instructive which came under his own observation. This case showed the prime action of the drug to be upon the voluntary nervous system, causing a stiffness and drawing as from paralysis, and later intense stupefaction as if his brain would sleep. In experiments upon the lower animals picrotoxin is found to act like strychnine upon the spinal motor functions but without exalting the reflex irritability as does the latter drug. These physiological experiments may aid you in grouping drugs in your memory by their general action but will be of little or no use in enhancing your understanding of their human symptomatology.

Cocculus seems best suited to nervous women during pregnancy, in menstrual and uterine affections, and at the climacteric, and especially those whose vital forces are depressed and who are therefore full of despair and melancholy. There are in the symptomatology of C. few if any aberrations of the negative or sympathetic system, the characteristic faintness, prostration and vertigo, simulating sea-sickness, hysteria, etc., arising purely from cerebral nervous irritation.

MIND.—The most characteristic condition is that *time passes too quickly* (too slowly—*cannabis ind.*), the patient is depressed and sits wrapped in thoughts of herself, or is slow of comprehension, mutters and mumbles, and is irritable, speaks hastily and is easily made angry—the latter conditions sometimes indicate C. in Typhoid states. In insanity Dr. Talcott of the Middletown Asylum finds C. “suited to the victims of excessive ambition who have been disappointed, snubbed and angered by those around them.”

HEAD.—The vertigo of C. is a most decided accompaniment of nearly all its complaints. It is associated with inclination to vomit, and comes on when rising from a seat, or on motion of a carriage. The headaches are purely cerebral in origin, the head feels as if swollen, or a feeling of tightness in the brain, as if every nerve were drawn up tightly, and at other times there is a *hollow vacant feeling* in the brain, which sensation is found also in the chest or abdomen. These sensations are aggravated by the least noise or motion, light, etc., and the vertigo and nausea accompanies, with like aggravations, all made worse by lying on the back. The seat of pain is generally the occiput in C., where the characteristic sensation is *of a door opening and shutting there*. Sleep, eating, drinking, especially coffee and tea, and the motion of riding, greatly increases this sensation. The head symptoms of C. are especially aggravated by sleep, whereas in *Lachesis* all conditions are thus made worse. *Bryonia* and *nux juglans* are similar in their occipital pains.

STOMACH.—The *nausea* of C. is intense, and commonly accompanies the above nervous symptoms, being *invariably worse* from riding in a carriage, *train of cars, boat, etc.*, or *even looking upon a train in motion*. This makes it especially applicable to *sea sickness, sick headaches, morning sickness of pregnancy, etc.*, a common concomitant being a paralytic weakness of the limbs. Similar remedies are *petroleum*, which has the same aggravation from riding, (also *sepia* in less degree), *colchicum* from smell of food, and *arsen.* and *ipéc.* when there is much vomiting of bile and other prostration.

ABDOMEN.—Like *nux*, *C.* produces in the provings a painful inclination to an irregular hernia, specially after rising from a sitting posture. It has been used upon this indication for the relief of incarcerated hernia.

FEMALE GENITALS.—In its decided action here, *C.* is characterized by *spasmodic pains* in the uterus, or referred to the cervix, with painful pressure in hypogastrium, cramps in the chest, fainting and nausea. The menses of *C.* are often *preceded by spasms* (*Actæ rac.*) of violent pains in the hypogastrium; the menses are profuse, when she rises to her feet the flow gushes forth, or when she makes a misstep, highly indicative is the accompanying paralytic weakness of the back and limbs, so that she can hardly stand or walk. If there be dysmenorrhœa the sharp colic is abdominal, with excessive distention, worse at night, and temporarily relieved by belching. Other remedies, simple in uterine colic are *cham.* distinguished by the intense irritability of the patient, and a dark clotted flow. *Ignat.* when hysterical spasms, when in the fitful flow; and *puls.* which with the same fitful flow as *Cocculus*, has a griping pain, bending the patient double, and almost always accompanied with chilliness, better in the open air. Towards the climacteric, the *C.* patient often has a leucorrhœa in the place of and at the time of menses, which so weakens her that she can scarcely walk or talk.

NECK AND BACK.—*C.* has quite decided action upon the spinal nerves, causing great stiffness and weakness of the cervical muscles and also of the lumbar, and sensitiveness of the vertebra to touch, conditions that apply to so-called irritable spine. With these symptoms are found weakness of the legs, the knees give out, the soles of the feet are as if asleep, the thighs ache as if pounded, now one hand and now the other becomes numb or sometimes the whole arm feels asleep and the hand is swollen—conditions that make *C.* useful in incipient paralysis, locomotor ataxia, tabes dorsalis, etc.

SLEEP.—*C.* is a prime remedy for the *debility resulting from loss of sleep*, there is utter exhaustion, unconquerable drowsiness, each interruption in sleep is followed by great weakness, her eyelids are heavy as if paralyzed, she is fatigued from talking and suddenly feels as if her head were empty.

(The first time I prescribed C. was for a young woman quite worn out from nursing her sister through Typhoid Fever.— Besides many of the above symptoms she complained mainly of a peculiar sensation of a cobweb being let down on her face producing extreme drowsiness. C. 2c relieved this and the other symptoms in a few days. Sumbul has a similar condition but I cannot find it under other remedies.

In exhaustion from loss of sleep you should compare *sulph.*, *ipéc.*, *nux.*, *puls.*, and *coffea* as leading medicines. (See Report of Bureau of Materia Medica of Am. Inst. in Trans. for 1887 for excellent hints upon these conditions.)

Coffee is incompatible to the proper action of C. and should be interdicted.

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## THE NECESSITY OF AN EXACT DIAGNOSIS IN SURGICAL DISEASES—ILLUSTRATED BY FOUR CASES FROM PRACTICE.

BY C. S. SARGENT, M. D., STOCKTON, CAL.

In our day of surgical progress we have so many aids to diagnosis, for instance to cite a few, electricity, the microscope, endoscope, polyscope, ophthalmoscope, laryngoscope stethoscope, etc., etc., it seems as though diagnosis could be brought to an absolute science. Yet we are continually meeting in practice cases where the main factor of the disease has been overlooked, and the object of this paper is to draw attention to the importance of a correct diagnosis, for upon the diagnosis must rest the treatment.

About 3 years ago Mr. B——called at my office and requested me to “wash his bladder out,” as he said “it gave him more relief from his condition than anything.” I naturally asked him what his trouble was and his reply was, “cystitis.” Further enquiry elicited the fact that he had been in the hands of a very competent surgeon for a period of six months, during which time the surgeon had washed out his bladder daily, and upon discharging his patient had given him a soft rubber catheter, and directed him to use it

daily at his own home, assuring him that this was all that could be done.

He had faithfully carried out his instructions for the past four months when, fortunately his catheter wore out.

Knowing idiopathic cystitis never exists, and being anxious to determine the cause, I asked to make a physical exploration of the bladder, before subjecting it to a wash.

The patient very reluctantly consented as he said "sounding always aggravated his trouble," but as I refused to have anything to do with the case without first satisfying my mind as to the nature of the trouble, he consented. I first ran over in my mind the question, what could have caused cystitis in this patient.

All causes of chronic vesical catarrh can, for convenience be classified under two heads.

1st, *mechanical*, including obstructive prostatic and urethral diseases, stone, morbid growths in the bladder or rectum or around the bladder, hernia of the bladder, extrophy, retention of urine, sudden taken off of the pressure of accumulated urine from an habitually over-distended bladder and neuralgia of the vesical neck.

2d, *chemical*, very acid urine (rarely) most frequently decomposing alkaline urine from the liberated ammonia, urine containing pus from pyelitis, atony, paresis of the muscular coats and true paralysis, inasmuch as they invariably tend to produce decomposition of the urine by stagnation.

This patient having a number of symptoms of vesical calculi, I first determined to carefully search for stone, and in case of failure to proceed step by step, until by elimination I discovered the cause.

I first therefore, fully distended the bladder with hot water and proceeded to sound, expecting I might find a small stone. Imagine my surprise when I encountered a large one, fully the size of a pigeon's egg.

Here was a case coming from the hands of a competent surgeon who had assured this man he had no calculi, how could this be accounted for? Simply this, he had not distended the walls of the bladder by first filling it with water, before sounding. The stone being of the encysted variety, the bladder in a constant state of spasm, the walls com-

pletely folded over and shut off all communication with the sound in the bladder; but by first distending the bladder the entrance to the sac, was opened.

Treatment then was plainly made out by my diagnosis, I succeeded by the use of Biglow's lithotrite in grasping and turning the stone out from the sac, which held it, and after freeing it from the bladder walls, crushed it; then by the use of Biglow's evacuating apparatus, I removed one hundred and thirty-four grains of calculi, by actual weight, and there was a large amount of sand and several large pieces of stone passed by the urethra afterwards.

Great relief followed this operation, but some months afterwards he again came to me, suffering from the same set of symptoms. I discovered still another stone, this one also encysted, and being unable from its position to grasp it with the lithotrite, performed a lateral perineal lithotomy.

The patient is now doing well, in fair health and enjoys life, while previous to these operations he preferred death to linger on and suffer the excruciating pain he was having.

Had his true condition been recognized in its infancy, how much suffering this patient could have escaped, and how much more satisfactory would it have been to his attending surgeon to have sent him home a well man instead of a hopeless invalid.

CASE No. 2.—Some two years ago I was called to attend Mr. C., who was suffering from colic, so the messenger said. I had attended this same patient on some four or five other occasions for severe colic, which seemed to be caused by the slightest indiscretion in diet, and had always succeeded by hot applications and the proper remedies, in quieting him. On this occasion I found him suffering from the same set of symptoms as on his preceding attacks, viz: sharp, agonizing pains in the lower portion of the abdomen, accompanied by constant nausea and some vomiting. I therefore followed out my usual line of treatment; this was in the afternoon about 4 P. M. Early the next morning I was again hastily summoned to see him, and still found him still suffering great pain and vomiting quite freely. As I saw nothing in his appearance to indicate anything more than an

unusually severe attack, I again prescribed for him. That same night I was recalled to the case, and then I first recognized that something serious was the trouble, as he had fecal vomiting. I now knew volvus, intussusception with occlusion of the canal, or strangulated hernia, either external or internal, was the cause. Upon throwing back the bed clothes preparatory to making a careful and thorough examination (which should have been done in the first place) I discovered a small inguinal hernia. Upon attempting to reduce it I found it to be strangulated.

Again the diagnosis points to the only remedy. I proceeded at once to anæsthetize the patient and operate for strangulated hernia. After reaching the sac, I concluded it had best be opened in order to determine the condition of the strangulated bowels, intending, if necessary, to make an artificial anus, but finding the intestines to be in good condition, replaced them within the cavity of the abdomen, after dividing the stricture. The patient recovered nicely, with no untoward symptoms.

The third case I to have report is a child I was called to attend for infantile paralysis.

I found a little fellow four years of age, who was fairly well nourished, seemed bright mentally, but who had not been able to walk for two years. He crawled about on his hands and knees wherever he went. The upper extremities seemed all right, but the lower limbs were both completely paralyzed. My first object was to discover if this paralysis was of central or peripheral origin, and so had the child stripped to make a thorough examination. Upon stripping the child and while he was lying on his back my attention was drawn to the condition of his penis, which was in a state of erection. The mother informed me that whenever it was touched by his clothing or the hands of the nurse as in bathing him, it threw him almost into convulsions. I immediately touched it, when a regular orgasm took place. I found an adherent and greatly elongated prepuce, and immediately made up my mind as to the cause of this child's paralysis. Sayre in his work on Orthopædic Surgery mentions several similar instances as occurring in his practice, and I felt cer-

tain enough of my diagnosis to promise a cure. I therefore performed circumcision, with the result that in six weeks' time from the day of the operation the child walked into my office perfectly well and has remained so ever since. This little patient had been seen by several physicians, some said he would "outgrow" his trouble, others that the case was hopeless, yet when the cause was discovered how simple the remedy, and what happiness to both the family and myself to restore the apparent cripple to the full vigor of childhood.

My fourth and last case is one of a peculiarly intractable sciatica of the left side in a female, involving the sciatic nerve in its entire length. She had suffered severely for a period extending over fourteen months, and during that time had passed through the hands of several physicians; they had tried all the usual remedies, deep injections of chloroform, galvanism, etc., in vain. I at once made up my mind I had a deep-seated dyscrasia of some kind to deal with, or she would have been relieved long before coming to me. Upon questioning her closely she complained of too frequent and prolonged menstruation, a sore, bruised feeling in the left ovarian region. Sexual relations with her husband had been completely discontinued on account of severe pain on coitus. Upon making a digital examination I found the left ovary was displaced, enlarged and very sensitive, making pressure upon it caused not only the sick, faint feeling patients commonly complain of, but an aggravation of the pain in the limb. There being no adhesions I easily replaced the organ and kept it in its proper position by the aid of a pessary. This was all the treatment I gave the case, simply ordering hot vaginal injections daily to allay the congestion of the ovary, giving no medicine of any kind, and I was rewarded in the course of five days afterwards by having the patient call at my office and say, "Doctor, I am completely free from pain for the first time in over a year." She wore the pessary three months, when it was removed; it has now been eight months since removing it, and she has been completely free from pain during all this time.

Here evidently was one of those peculiar reflex neurotic conditions, and I am perfectly satisfied had I not discovered

the dislocated ovary all my treatment for the sciatica would have been fruitless, but by simply replacing and keeping the ovary in its proper position I had the gratification of seeing my patient restored to health.

These few cases will suffice to show the importance, and in fact the necessity of an accurate diagnosis, and when followed by success they cannot do otherwise than compel one to go on searching for more light on other troublesome, obscure diseases.

I thoroughly realize the difficulties and obstacles which continually beset one's path. It is only by arduous, painstaking care that we can finally reach our goal. We will no doubt meet with many cases which with our present knowledge will baffle and perplex us, and in spite of our utmost endeavors we will fail to make out the true condition; but by constant application, hard study and perseverance in our determination to search out the cause, we will as our knowledge increases meet with success, and even if these are comparatively few, when success does crown our efforts we shall, I know, feel amply repaid for all the time and labor spent upon our cases.

I know of no gratification greater to the true physician or surgeon, than the knowledge that he has contributed largely to restoring a helpless, suffering human being back to the full enjoyment of health.

In urging the profession to thoroughly understand these cases and make a complete diagnosis I realize that "art is long and time is fleeting," but if we wish to become eminent, or fairly successful, we must make up our minds to overcome all obstacles that we may draw no opprobrium down upon us; but always be in a position to realize the responsibilities that rest upon us, and whenever we can discover the cause proceed at once to remove it.

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*Nux juglans*.—I have seen the mother tincture given in doses of from 2 to 5 drops, in a wine glassful of water before breakfast, every morning, of great service in some obstinate cases of chronic constipation in patients advancing in years. Also in weak eyes, with smarting in the conjunctiva.—*Bayes*.

## SELECTIONS.

## SCHUESSLERISM.

[Extracts from a Critic on Schuesslerism by DR. PIEDVACHE, of Paris. B. & D.  
from *L'Art Medical*, February, 1889.]

\* \* \* \* \*

Schuessler's idea is based upon the physiological fact that the structure and vitality of the organs depend upon the presence and distribution of a certain quantity of inorganic materials, in other words the mineral salts which are found in the ashes after incineration, and it is concluded, and we shall see with what logic, that diseases consist essentially of some disturbance of the mineral constituents of the living tissues. The remedy will therefore be to reestablish the equilibrium of the inorganic molecule by furnishing the mineral salts which are wanting. From this Schuessler poses as a principle that therapeutics and, mark it well, "All therapeutics consist in determining the mineral composition of each organ, and each organic medium, then as far as one can, the changes wrought by different diseases, in order to choose, in conformation with these data, the salt or the salts whose substitution should produce a cure."

This is not new to us, our ears are accustomed to such language. His theory is, in fact, that of all the modern (iatro) chemists; the same that Professor Hayem of our day has developed with a talent very different, upon the treatment of Chlorosis by Iron.

The first originality of Schuessler is to extend to all diseases, all lesions of the solids as well as the fluids, an interpretation limited by savants to a small number of affections—and there is another originality, that of the Dose.

From the example given by Darwin in his treatise on insectivorous plants (see B. & D., p. 15), and a hundred other similar ones it is deduced that almost infinitesimal doses of mineral substances are able to modify the organic constitution without counting that certain of these substances, as iron, exist in the organs in the smallest quantities.

Passing to the practical side, the inventor of the bio-chemical therapeutics considers the mineral composition of the tissues as definitely known, example: The blood gives in its ashes the phosphates of calcium, iron, potash and sodium, and the chlorides of potassium and sodium, sulphate of sodium and silica. There exists in the living human body but twelve definite salts, which form the twelve Tissue Remedies.

The treatment of all morbid states is therefore determined, example: Chlorosis requires one or the other of the following remedies, phosphate of potash, of iron, or of sodium, chlorides of potash and of sodium, sulphate of soda and silicea; one of them is given, or several alternately, in the 3-centesimal dilution. This is the only point of contact with homœopathy; it is this which has tempted the Hahnemannians, who in this have followed Dr. C. Hering.

We must now discuss, article by article, the theories and practices of Schuessler in the order that we have just enumerated them.

His conception of disease has little need of being refuted. No one denies that in morbid lesions the mineral constitution of the living cell could not be more or less profoundly modified. However, is this nutritive trouble which certainly has its contributive part of the otherwise complex whole of the nutritive disturbances of the patient, is it the cause, or is it only an effect?

Two alternatives are alone possible in following the Schuesslerian idea: Either the inorganic materials have accidentally ceased to be introduced into an organism in a sufficient quantity for alimentation before the morbid state began, or their supply being regular, it is the assimilation which is defective, the mineral substances passing through the blood without being fixed by the anatomical elements.

It will be acknowledged that the first condition is very exceptional, the food containing in a large excess all the salts indispensable to the animal organism. In how many diseases would it be permissible to discuss such an origin?

Did Chatin find the cause of endemic goitre attributed to the absence of iodine in the air, soil, waters and vegetables of the goitre country?

The chlorides, phosphates and sulphates do not run the risk of failure in everything that one eats.

Diseases in the etiology of which alimentation plays an important role, are much more difficult to explain than is imagined by simplifying minds, whose elucidations gain in clearness that which they lose in exactitude.

Take Scorbutus. Suppression of vegetables passes for the most active determinative cause (Fauvel, Delpech,) and lemon juice for an efficacious preventative. But do not conserved foods, does not fresh meat, which without vegetables does not prevent the development of scorbutus, contain the necessary saline elements? Of course there is faulty assimilation of salts as well as many other substances. The question is very complex and not easily reduced to a formula simple enough for the actual state of our knowledge.

The biological doctrine of Schuessler is an ignorant fantasy, because the mineral accused is an effect instead of a cause, and we would not pursue the subject further, if our California confreres and several others had not deemed it worthy of discussion.

We have in France eminent bio-chemists, like Albert Robin, whom it is agreeable to criticise when one differs from them, because their hypotheses rest upon scientific data.

What logic is there in concluding from the incontestable necessity of the certain minerals for the activity of our tissues, that the origin of disease is due to a want of these inorganic principles. The relation is not discernable. It is necessary to have direct proof, and it cannot be furnished. Consequently what shall we think of a therapy founded upon fancies, without a serious base. If the starting point instead of being false, was exact, who would believe that common salt given as a remedy would restore a fault in the molecular chain, since our daily aliments contain it in an over-abundant quantity? It is this, however, that we are persuaded to believe, and by lending attention you will see how.

Schuessler administers his twelve remedies, not in massive doses, but in doses attenuated (3 centes. dilution). This would be the secret of the discovery if we have well understood the commentators of the master, that is to say, that the

assimilation that large quantities of common salt does not succeed in producing will be marvelously obtained by a millionth of a grain of the substance. Is it a fact or hypothesis? In our opinion it is a trap set for homœopaths.

What has the clinic shown to us, independent of all theory? That dilutions, the decillionths and the millionths of a grain produce occasionally upon the healthy, pathogenetic symptoms, and upon the sick, therapeutic results. How are we to prove that this double action is due to a certain assimilation or the incorporation of a medicinal molecule, and not simply an effect of contact? We should, if forced, adopt the latter explanation, because if sodium chloride is given to a chlorotic who vomits food, and it suffices for a cure, as it sometimes does, the first symptoms to yield are the dyspeptic troubles and vomitings, and this at the commencement of the treatment, a long time before any influence on the restoration of the blood could be obtained. If it had acted by the fixation of the molecules of sodium or chlorine, the dyspepsia would only have yielded as the blood became restored. This is against the bio-chemic theory. Moreover, one of the facts the best proven is that all poisonous and medicinal substances act at first almost instantaneously upon the nervous system, which renders the bio-chemic theory still more improbable.

In the second place, party spirit is dangerous. That is why, knowing as well as anyone that the action of infinitesimal doses is a living and useful reality we cannot close our eyes to the action equally real of ponderable doses.

The Hypothesis of Shuessler would not stand, except that it was of an absolutely general application and one would no longer conceive the efficacy of massive doses in certain cases the most common of which is the treatment of chlorosis by Iron. If the nutritive assimilation represented the true therapeutic method it would no longer be the privilege of attenuated doses. Whence it results that there is no room for a theory of assimilative doses and the one presented to us totally fails. Also what does the example cited by Darwin prove? It makes evident, which needs no proof to us the physiological action (in certain circumstances) of the smallest doses. But where is the proof that the 20 thous-

andth of a grain of phosphate of ammonia has been assimilated by the plant. Does it not act in exciting after its absorption, by contact the contractile portions of the vegetable in the same manner as an electric current excites the muscular contractility of an animal?

The idea of a remedy acting by assimilation is in contradiction with the most positive data. Claude Bernard defines the action of poisonous and remedial substances by want of assimilation, that is by organic fixation. He has not been contradicted, though many who have adopted his views make an exception for iron. We do not admit this exception, one reason is that iron has not the exclusive privilege of curing chlorosis. Schuessler does not make any exception. No other remedy outside of the mineral constituents of our tissues (tissue remedies) shall be retained. Shall the substances which are unassimilable be deprived of therapeutic action? Who will believe it? Do not all metals possess properties very nearly the same? Are they all to be found in the organic ashes and the vegetable alkaloid? They are but analogous, not similar to the leucomaines and these are products, not parts, of the animal economy. I do not believe that there was ever a more narrow idea, than that of our author, that has usurped the name of a scientific doctrine. In spite of lassitude and disgust we will follow it to the end and touch upon a few details of the practice of Schuesslerism.

Why the cabalistic number of twelve remedies; is there only twelve definite salts in the constitution of the organs as there are only twelve disciples? Are these salts definite even, with certitude, according to the groupings given us? There is nothing to it, it is elementary. Take the blood as a type since it is the vehicle of all the materials to be utilized. Can it be sustained that iron exists in the globules in the state of a *phosphate*? All that we know is that it is found to the amount of 0.42 per cent., and that in that formula there is no room for phosphorus (Schmidt, Preyer, Hufner). The phosphates are found in the serum, which does not contain an appreciable quantity of iron. Schuessler does not speak of the carbonates when the most abundant salt in the blood or serum, after chloride of sodium, is carbonate of sodium, (probably the bicarbonate). Elementary analysis does not

inform us upon the form of mineral combinations. Thus we know not under what form sulphuric and phosphoric acids are combined with bases in the blood.

Without discussing the assertions of the author upon the subject of the chemical constitutions of each tissue, is it not evident that he has grouped the mineral combinations according to his fancy. It may be said that this makes little difference, and that it suffices that the simple bodies reach the anatomical elements and regenerate them according to their needs, but what would become of the twelve remedies if it were indifferent to give sulphur and phosphorus, or any of their compounds. The practice would be like that of everybody, with the difference that Schuessler has reduced his resources to a minimum of *materia medica*, and by holding on to the fixed principles composing the tissues, he has omitted some, among others the carbonates, as we have just seen.

It is elementary in therapeutics that each chemical combination has its own effects, always a little different from those of its nearest analogue, as well as different from those of its composing elements. Another argument against the hypothesis of the assimilation of a remedy.

Shall we follow Schuessler to the sick bed? We have seen how he treats chlorosis. He gives sometimes one remedy, sometimes another. What better proof do we need than this that the remedy does not act by re-constituting the tissues? All chlorotics assimilate iron in an insufficient quantity. If they are cured without iron as a remedy, it is because the blood corpuscles, stimulated by some substance, take the iron from the food. Thus the remedy, whatever it is, plays the role of an assimilator instead of being assimilated.

\* \* \* \* \*

Dr. Piedvache denies that Schuessler's remedies are all sufficient in typhoid fever, and condemns one who would use them as toying with life. He condemns the whole system on wholly theoretical grounds, not giving any evidence in his article that he ever gave a single dose of any of them, and yet the French are such adherents to the clinical side of *materia medica*. As many of the doctor's reasons against

Dr. Schuessler's system are very superficial and faulty, we hope the latter will reply. Perhaps a discussion will draw out some new ideas.

NOTE BY THE EDITORS.

We take pleasure in translating and publishing the foregoing able and incisive article by our learned French confrere, and are glad that our book has called out so earnest a critic of the claims of Schuesslerism. It was our sole intention, as we pointed out clearly in the preface, to simply collate all that was known of a theory that had received the distinction of an introduction to homœopathy by Dr. Hering, and that had certainly contributed to our materia medica some invaluable remedies, which without the aid of even a fallacious theory, would never have become our property. To convert them indeed into homœopathic remedies, it becomes us to prove them and thus obtain true indications in place of the biochemical ones, interesting and suggestive as these may be, and useful too, as a stepping stone to their further therapeutic development. B. & D.

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## OPHTHALMOLOGY AND OTOTOLOGY

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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### OUR SOUTHERN BRETHREN.

During the past month it has been our privilege to sample the delectable climates of San Diego and vicinage. We say climates because that boom-smitten eden is the gate to a range of climatic conditions so varied as to adapt themselves to almost every atmospheric necessity of diseased humanity. Homœopathy has been fortunate here in securing as her first standard-bearer one who by his sterling morality and the breadth and culture of his mind has lifted the Hahnemannian standard above the smirching influence of mere sectarian littleness, and laid firmly the foundation of homœopathy in this community for all time to come. As more recent co-laborers with the veteran Barnes appear the names of Gamber, Morgan, Van Norman and others, all most courteous gentlemen, as we can testify from personal experience, and in their hands the interests of our beloved school will find worthy and efficient advocates. Ophthalmology and otology have

here a most accomplished representative in Dr. Crippen, whose success we are glad to say is already assured.

At Riverside, although the veteran Way was stricken down with serious hepatic disorder, we found the field fully occupied by Drs. Sherman, Ruby, Stiles and others; also, Dr. Brown, a visiting oculist from Michigan (a graduate of the New York Ophthalmic), who, attracted by the delightful orange groves and climate, will doubtless make this his permanent field of labor. Like all who have passed the N.Y.O. his competency is beyond question. Here, as in San Diego, the carriages of our warm-hearted colleagues were freely at our disposal to carry us around and through the limitless orchards of emerald and gold.

At San Bernardino we were so fortunate as to find the great Citrus Fair in session, and to witness the vast banks of oranges and other tropical products of the great citrus belt surrounding this wonderful fruit center. We saw two banks of oranges each 75 feet by 6 square. The exhibit was not confined to the wealth of products found *upon* the soil, but represented also the mineral riches of Southern California; tin, silver, gold, coal, etc., with a fine display of vegetable wonders in the shape of mammoth squash, cabbages, melons and the like.

Homœopathy is represented here most worthily by Drs. Johnson and Stiles, who are doing a large share of the best medical practice of the place. In Los Angeles we found a list of infinitesimal prescribers, little if any inferior in numbers to our San Francisco delegation, and in enterprise and professional pride we may certainly find in our southern brethren an example worthy of emulation. They have a large and live county society which meets semi-monthly, is fully attended, and grapples manfully with all the live medical issues of the day, and with such a body of workers it is no wonder that homœopathy has become the dominant practice in this southern metropolis.

The flotsam and jetsam of ruined fortunes may be seen everywhere, borne on the ebb-tide of yesterday's aborted boom; yet with the boomerang still rattling round their devoted heads, our brethren, in the spirit of true heroism, look forward to the inevitable financial triumph of honest endea-

vor over the ruins of wicked and reckless speculation. In Santa Ana we found Drs. Howe in full possession of the progressive portion of the medical field, and wide awake for anything new in pathology or therapeutics.

We neglected to mention the fact that Los Angeles is not behind San Diego in the possession of a first-rate oculist and aurist of our school. Dr. Hoy is fully equipped for the practice of his specialty, and should receive the loyal support of all homœopaths in his vicinage. Let me here throw out the suggestion, in view of the approaching session of the State Society, that we owe it to our southern brethren, in virtue of their zeal and growing numbers, to give them a session of the State Society at Los Angeles. We should so modify our Constitution as to admit of a change of this kind for one regular session, or return to the former method of semi-annual sessions, giving one to Los Angeles. It would enlarge and strengthen homœopathy on this Coast. With our rapidly growing numbers the old complaint of small attendance, as an objection to the semi-annual meeting, will hardly hold good. Our neuralgic friend melted away beneath the genial skies and matchless fare of Garden Grove, where J. D. Chaffee, M. D., alumnus of the San Francisco Hahnemann College, is winning medical laurels worthy of his Alma Mater. The Doctor's practice is growing rapidly, and extends from Westminster to Orange and Santa Ana.

We cannot close these disjointed notes without a most grateful acknowledgment of the kind and hearty welcome and attention we received from every member of our honored profession, throughout our southern pilgrimage. Many of these attentions were so marked and so delicate as to deserve much more than this passing notice. It is with a sense of pain that we turn again from these newly formed friendships, and the more happy renewal of older ones, to the cares and burdens of professional life. The fraternal amenities of the doctor's life have been too much neglected. If we could find a little more time for interchange of thought and sympathy in relation to the perplexing demands of our calling, doubtless the world would receive a better service.

## Colleges, Hospitals and Societies.

### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

J. W. Bouldin, Azusa .....Hahnemann Medical College, Chicago, 1886  
 V. W. Stiles, Riverside... ..Hahnemann Medical College, Chicago, 1888  
 James F. Brown, Riverside . . . . .Pulte Medical College, Cincinnati, 1875  
 C. B. Flower, Los Gatos.....Kansas City Hospital College, 1888

## CORRESPONDENCE.

### LETTER FROM TURKEY.

CONSTANTINOPLE, 11th February, 1889.

DEAR DOCTOR, I thank you for your kind letter and the numbers of the CALIFORNIA HOMŒOPATH. I enclose herewith \$2 in a P. O. O., and I beg you subscribe me for the present year to your journal.

I thought often of the possible means of getting homœopathy in Turkey more prosperous than it is, but I am nevertheless convinced that if there were some learned physicians and good practitioners, homœopathy would surely advance and get notoriety, in spite of the scepticism of our public. That which is necessary on this subject is a surety in diagnosis and in medical matters, in order to disarm our adversaries, who object to our ignorance in pathological matters. This observation must astonish you but it is a fact with us. I know for myself some instances. It is a pity!

We have here an allopathic college, but the most of our physicians are graduates of foreign faculties—i. e., France, Prussia, Austria, Italy, America, England, etc. The college grants diplomas and permissions for practicing medicine in Turkey. It examines all physicians who establish themselves in Turkey and are bearers of a foreign diploma. It is merely a formality and occasion for them to receive \$33, about. The examination may be in the language of the candidate. French is spoken by many, English less. I think the proceeding easier for foreigners. We have many physicians of all nationalities. "*De charybde en scylla*" is a proverb which is not applicable literally in this case. They are nevertheless more scrupulous on account of homœopathy. We count three homœopathic physicians. Before ending my letter I beg you accept my sincere compliments for your learned work on Schuessler's Remedies. It is my vade mecum.

Yours truly,

M. DUZ, M. D.

# The California Homœopath.

A MONTHLY JOURNAL

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## EDITORIAL NOTES.

HERE'S a hint from Brother Gatchell of the *Medical Era* to those writing papers for society meetings:

It requires greater labor to write a short paper than to write a long one.

A short paper is always listened to with interest, a long one never.

If you want to make yourself unpopular, bring a long paper. A ten minute paper shows great ability as a thinker; a seven minute paper shows a high degree of talent; a five minute one is indicative of absolute genius.

THE Chairman of the Bureau of Diseases of Children, Dr. Eckel, seems to have considerable difficulty in getting a sufficient number of co-laborers for this important branch. Several have been written to, but none seemed ready to promise the desired paper; some are undoubtedly so busy

that they could not even take notice of the invitation. Now if there is any member of the State Society who has something of special interest to tell us about diseases of children let him communicate his willingness to co-operate with the worthy Chairman at once. Send papers or titles of proposed papers to the Secretary, Dr. Peterson, 319 Geary street, or to the editors of this Journal.

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## CLINICAL ITEMS.

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*Wyethia*.—Sensation of a lump in posterior nares, usually associated with dryness.

*Pulsatilla*.—Orange colored discharge from nose, especially from right nostril (abscess of antrum).

*Ferrum phosph.*—Acute rheumatism, with intense hyperæsthesia, aggravated by motion or even the idea of motion.

*Cascara Sagrada*.—Seems to act well in rheumatism, especially when in the shoulder, slightest motion painful.

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## Personal Notes, Locations, Etc.

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DR. DYER, formerly of San Jose, has gone to Baltimore.

P. B. MORGAN, M. D., of San Luis Obispo, recently visited this city.

DR. H. KNAPP has removed from Martinez to his old field, Lathrop, Cal.

DRS. GRISWOLD, of Napa, and BRYANT, of Gilroy, have removed to San Jose.

DR. JULIA F. BUTTON, of Los Angeles, recently had the misfortune to lose her only son.

DR. A. C. POPE informs us that he has removed his office from Tunbridge Wells to Grantham, Lincolnshire.

A GENEROUS DONATION to the building fund of the Hahnemann Hospital of one thousand dollars has been received from Mrs. GEORGE HEARST, whom we understand will be prevailed upon to accept the presidency of the association.

DR. G. TAYLOR STEWARD, of Los Angeles is in town. He has recently become a proud father of a son and heir.

THE *Medical Current*, with Editor E. F. Storke at the helm, and published at Milwaukee, is one of our new and newsiest journals.

PROF. T. F. ALLEN, of New York, wishes Vol. I of the HOMŒOPATH. Any one having the same to dispose of will oblige by communicating with us.

P. TAYLOR, M. D., of Amity, Or. says that there are many good locations for Homœopathists in his part of the country. He will reply to all letters of inquiry on the subject.

DR. GEO. C. CLIFFORD, of San Antonio, Texas, succeeds DR. FISHER as proprietor of the *Southern Journal of Homœopathy*. We trust he will receive the support of all the old and many new subscribers.

## BOOK REVIEWS.

**Therapeutic Methods.** By J. P. DAKE, M. D. College edition. Boston: Otis Clapp & Son, 1889.

This little book fulfills its object viz. "To furnish a clear and not tedious account of the homœopathic principle and its regiments in practice," and especially adapted to the wants of the student. Every Homœopathic student should possess one; he will find a mint of useful information in it, and the name Otis Clapp & Son as publishers ensures that it will look well in a library.

**The Psychic Life of Micro-Organisms.** A Study in Experimental Psychology. By ALFRED BINET. Translated from the French by THOMAS McCORMACK, with a preface by the author written especially for the American edition. Chicago: The Open Court Publishing Company. 1889. Cloth, 75 cents. Paper, 50 cents.

M. Alfred Binet, the collaborator of Ribot and Féré, and one of the most eminent representatives of the French school of psychology, has presented in the above work the most important results of recent investigations into the world of micro-organisms. The subject is a branch of comparative psychology little known, as the data of this department of natural science lie scattered for the most part in insolated reports and publications, and no attempt has hitherto been made to collate and present them in a systematized form. The most interesting chapters are those on fecundation, which demonstrate the same instincts and vital powers to exist in spermatozoids as are found in animals of higher organization. The book is a neat one and should sell well.

